



<b>Utah State Tax Commission</b> <b>Self Insurer's Tax Return</b>	<b>TC-420</b> Rev. 12/02
--	-----------------------------

Name and address (please correct any errors)

Tax Period
Return due on or before
Account Number
Use this number for all references

1. Gross Tax Due	Schedule A, Line 5, times <input type="checkbox"/> Public Agency Ins. Mutuals prior to July 1, 2002 .0950 <input type="checkbox"/> all other .0975		\$	00
2. Prepayments	Refund applied from previous year	\$	00	
	1st Quarter	\$	00	
	2nd Quarter	\$	00	
	3rd Quarter	\$	00	
3. Total Prepayments (add all totals from line 2)			\$	00
4. Tax Due With Return (if line 1 is greater than line 3, subtract line 3 from line 1 and enter amount)			\$	00
5. Overpayment (if line 3 is greater than line 1, subtract line 1 from line 3 and enter amount)			\$	00
Check box at right if you want refund applied to tax for 2003 <input type="checkbox"/>				

Please remit the amount of tax due from line 4. Make check payable to Utah State Tax Commission, and return ENTIRE form, coupon, and payment to:

**Utah State Tax Commission, 210 N 1950 W, SLC UT 84134-0130**

**PLEASE RETURN ORIGINAL, MAKE A COPY FOR YOUR RECORDS**

I declare under the penalties provided by law that to the best of my knowledge this return, including any accompanying schedules, is a true, complete and correct return.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Return prepared by \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_



**SELF INSURER'S TAX RETURN - TC-420**

420.FRM Rev. 12/02

Federal ID Number	Filing Period	Due Date

**Amount Paid**

	00
--	----

Make check or money order payable to the Utah State Tax Commission. Do not send cash. Do not staple check to this coupon.

UTAH STATE TAX COMMISSION  
SELF INSURER'S TAX RETURN  
210 N 1950 W  
SLC UT 84134-0130



# Utah State Tax Commission

## Self Insurer's Tax Return

### General Instructions

On or before **March 31st** of each year, employers authorized by the Industrial Commission to provide their own worker's compensation coverage are required to pay an amount equivalent to the premium tax paid by private insurance carriers providing worker's compensation coverage.

Payroll is classified based on the general nature of the employer's business as defined by the National Council on Compensation Insurance (NCCI) rather than separate occupations. Employers with multiple corporations or physically separated operations or divisions are required to file a combined return with a supplemental schedule listing the location and total payroll of each company, division or operation.

Self insured employers are required by statute to have an annual "Workers Compensation Experience Rating" certification (experience modification) from the designated rating agency - currently NCCI. The effective date of the certified rate should be such that the majority of the taxable year is covered by the certification. **Employers MUST attach their "workers Compensation Experience Rating" certification.** The experience rate without a certification rating is "2." The "Safety Factor" adjustment is based on the experience rating and is the only other adjustment allowed to standard premiums.

### Schedule A

**Previous Filers:** Columns A (Class), B (Class name) and E (Current Rate) should be preprinted based on your prior year return. If the nature of your business has changed, please contact the Tax Commission for help in modifications.

**New Filers:** Please contact the Tax Commission for appropriate rates and classifications.

**Total Payroll** (Column C): Include all taxable payroll.

**Excluded Payroll** (Column D): Payroll of designated executive officers residing in Utah is excluded for amounts **exceeding \$1,600 per week** (\$83,200 annually). These designated officers are generally **limited to the "registered" officers** of the corporation and must be declared. Unless otherwise stated, the schedule, listing individual officers, their title and excluded amount, supporting the deduction in the current return is the basis for the succeeding year's declaration of excluded officers.

**Safety Factor:** Based on "Experience Rating", determine the applicable safety factor from the following schedule:

Experience Rating	Safety Factor
Less than 0.91	0.56
Less than 1.01	0.78
Less than 1.11	1.00
Less than 1.21	1.22
Greater than 1.20	1.44

**Premium Calculation:** The experience rating is applied to the "standard premium" (line 2) and the safety factor is applied to the premium as adjusted (line 3) by the rating to arrive at the "Taxable Premium" (line 5).

### Self Insurer's Tax Return (Form TC-420)

**Gross Tax Due** (Line 1): Check the applicable box and multiple the rate times Total Taxable Premiums (Line 5 Schedule A).

**Prepayments** (Line 2): Companies required to make quarterly prepayments and any company with a carryover from prior year overpayments, list payments in the applicable box.

**Tax Due** (Line 4): Remit this amount **using the last coupon included in your 2002 coupon booklet.** If this coupon is not available, you may complete the coupon on the bottom of the return.

**Overpayment** (Line 5): Overpayments may be applied to the following year's prepayment or liability by checking the applicable box. Allow 90 days for refunds.

### Other Information

The penalty for failure to file a tax due return by the due date is the greater of \$20 or 10 percent of the unpaid tax. In addition, if a tax balance remains unpaid 90 days after the due date, a second penalty, the greater of \$20 or 10 percent of the tax balance, will be added for failure to pay timely.

The penalty for failure to pay tax due as reported on a timely filed return, or within 30 days of a notice of deficiency, is the greater of \$20 or 10 percent of the tax due.

Interest will be assessed at the rate prescribed by law from the original due date until paid in full. For information, taxpayers may request form TC-15, Applicable Interest Rates, by calling or writing the Utah State Tax Commission, 210 North 1950 West, Salt Lake City, Utah 84134, telephone number (801) 297-2200.

If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at (801) 297-3811 or TDD (801) 297-3819. Please allow three working days for a response.